

**AIDS Case Management Program (CMP)
AIDS Medi-Cal Waiver Program (MCWP)**

Exemption to Provide Direct Care Services

☐ **Initial Request** ☐ **Renewal Request**

Request Information

Projects are encouraged to subcontract with a sufficient number of service providers to allow the client or the client's legal representative to choose from at least three (3) providers for each service whenever possible. Exemptions for projects to provide client services directly may be allowed on a case-by-case basis with prior written approval from the Office of AIDS (OA). The exemption criteria include any of the following:

1. Lack of providers in the service area (i.e., there are NO providers in the area); and/or
2. To assure greater client choice when there are less than three subcontracted service providers in the given service area; and/or
3. Lack of providers willing to be subcontractors; and/or
4. Lack of providers willing to accept Medi-Cal reimbursement rates as payment in full; and/or
5. Inability to subcontract with providers who can provide culturally and linguistically appropriate services to a significant client population or who can meet the specific medical needs of persons living with HIV/AIDS; and/or
6. To maintain continuity of care to clients under the following circumstances:
 - a. Your agency provided the service(s) to the client prior to enrollment in the CMP or MCWP program;
 - b. The client requests continuation of your service worker upon enrollment in the CMP or MCWP; and
 - c. The client and/or case manager affirm that withdrawal of your worker-in-place will unnecessarily disrupt the client and the client's care or have an adverse impact on the client.

Specific documentation to support a, b and c will be maintained in the client record. If the worker is subsequently changed, a non-affiliated subcontractor must then be used; and/or

7. Other, specify: _____

Project Name: _____

Effective dates for this exemption cannot exceed the current fiscal year.

This exemption is requested for the period from _____ to _____.

For all Initial and Renewal Requests

Exemptions requested for: (Check all that apply.)

	#1	#2	#3	#4	#5
EXEMPTION SERVICES	Lack of Providers	Assure Client Choice	Providers Unwilling to Subcontract	Providers Unable to Meet Client Needs	Continuity of Care
In-Home Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendant Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Counseling and/or Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice (CMP only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To complete this request, continue on pages 2 and 3.

For all exemption requests, answer questions 1 – 3:

1. How many subcontractors do you now have for this service? _____
Do they cover all of your service area? ☐ Yes ☐ No
2. Is this service currently available to your clients through other funding sources? ☐ Yes ☐ No
3. Describe your efforts to locate subcontractors/providers in your area. Include the date of the most recent activities and the methods you used.

Answer question 4 ONLY if you are requesting an exemption to provide skilled nursing.

4. Is your Project a licensed home health agency (HHA)? ☐ Yes ☐ No

OR is your Project affiliated with a licensed HHA? ☐ Yes ☐ No

Answer question 5 ONLY if you are requesting an exemption to provide attendant care.

5. Will you provide attendant care directly? ☐ Yes ☐ No
OR will you provide attendant care through an affiliated Home Care Organization (HCO)/Home Health Agency (HHA)? ☐ Yes ☐ No
If yes, what is the HCO/HHA name: _____

How will supervision of the attendant care be provided?

Answer question 6 ONLY if you are requesting an exemption to provide Psychotherapy.

6. Explain the reasons for this exemption. Attach a copy of your agency's internal policy which delineates the separation between the duties of the Social Work Case Manager and the duties of the staff providing psychotherapy. (See the enclosed sample format following the exemption form.)

Answer question 7 ONLY if you are requesting an exemption because providers are unwilling to subcontract (criterion #3).

7. Identify barriers and explain how this exemption will help overcome those barriers. Include the percentage of CMP/MCWP clients impacted, frequency of occurrence, and anticipated future need. From what agency were the affected clients being served initially (if applicable)? (Examples of barriers include, but are not limited to: low reimbursement rates, provider's lack of knowledge/experience or education/skills about people living with HIV/AIDS, providers unwilling to serve clients with higher care needs, clients living in hard-to-access areas, dual- or multi-diagnosed clients, and monolingual clients.)

Answer questions 8 - 11 ONLY if you re requesting an exemption because providers are unable to meet the needs of the client (criterion #4).

8. Specify what skills, experience, background, abilities, or knowledge the provider(s) lacked.

9. What measures were taken to resolve the problems and what were the results?

10. Specify what your agency's direct care services staff provide in the way of culturally, linguistically, and HIV/AIDS knowledgeable appropriate services.

11. Check the sources of documentation that support or indicate that your staff can provide the appropriate services.

<input type="checkbox"/> Staff resumes/education	<input type="checkbox"/> Staff interviews	<input type="checkbox"/> Ongoing staff training
<input type="checkbox"/> Other (describe)		

Answer question 12 ONLY if you are requesting an exemption to maintain continuity of care to clients.

12. Explain the reason(s) that this exemption is needed.

Certification

I certify that the statements below are true:

1. Our agency has a written policy supporting client choice of providers and every attempt is made to maintain at least three providers for each type of service.
2. Our agency will conduct and document at least one search per fiscal year for subcontractors (in the event that current subcontractors fail to renew or terminate the contract, or there is an insufficient number of subcontractors to meet our clients' needs).
3. A signed statement confirming that the client read the policy on client choice of providers will be maintained in the client chart.
4. Our agency has a written policy and plan for quality improvement/management.
5. Our agency has a written policy regarding conflict of interest between social work case management and psychotherapy.
6. All services provided under any exemption will be performed by individuals with appropriate qualifications (licensure, certification, etc.) as specified in the JACMP.
7. Our agency will provide written assurance that as the agency becomes aware of new providers of direct care services, and in accordance with contractual requirements, the new providers will be offered the opportunity to become a subcontractor, if appropriate.
8. All documents that relate to and support this exemption request, including a copy of this completed form, must be retained at the agency and made available for review, if requested.

Print Name

Telephone

E-mail

Signature

Date

For OA Use Only

☐ Approved, Conditions: _____
Effective Dates: From _____ to _____ (cannot exceed current fiscal year)
☐ Not Approved, Comments: _____
OA HPA Signature: _____ Date: _____
OA Nurse Consultant Signature _____ Date: _____
OA Social Work Consultant Signature _____ Date: _____

Separation of Duties Between the Social Work Case Manager and Psychotherapist

Those projects requesting an exemption to directly provide psychotherapy to CMP/MCWP clients must submit a copy of their internal procedure which delineates the separation between the duties of the Social Work Case Manager and the duties of the staff providing psychotherapy.

The following is a SAMPLE of such a procedure. Projects should modify the elements identified in this sample to reflect the needs and requirements of the project.

SAMPLE PROCEDURE

Project Name: _____

Address:

City, State, Zip:

Procedure: **Assignment and Separation of Duties Between the
Social Work Case Manager and Psychotherapist**

Date Adopted: xx/xx/xx

Date Revised: xx/xx/xx

Purpose: **To ensure that the role of the Social Work Case Manager is consistent with contract protocols.**

1. A Social Work Case Manager (SWCM) will be assigned to clients enrolled in the AIDS Case Management Program (CMP) and Medi-Cal Waiver Program (MCWP) at the appropriate staff-to-client ratio and shall perform the duties as outlined in the Joint AIDS Case Management Protocols (JACMP) issued by the State of California Department of Health Services, Office of AIDS. The SWCM will provide routine assessments of benefits, benefits counseling as indicated, and ongoing case management activities. The SWCM does not perform the functions of the psychotherapist.
2. Psychotherapy will be provided with regard to the psychological adjustment to living with HIV/AIDS. An internal psychotherapy referral will be made only when services are not available through subcontractors. The MSW/LCSW assigned for psychotherapy does not perform any case management activities for the assigned client.
3. Clients will be assigned a Psychotherapist according to the following procedure:
 - a. The Nurse Case Manager (NCM) and/or SWCM will assess client's need for psychotherapy, including duration and frequency.
 - b. A needs assessment and authorization request will be reevaluated at least every 60 days, or when significant changes to the client's condition occur.
4. Clients will have a choice in Psychotherapists whenever possible regardless of whether staff are employed directly by the AIDS CMP/MCWP agency.